1117106

# FORM D

### UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL								
OMB Number: 3235-0076								
xpires: May 31, 2005								
stimated average burden								
hours per respon	hours per response 1							
SEC USE	E ONLY_							
Prefix	Serial							
1	1							

DATE RECEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Series G Preferred Stock Financing	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing	Section 4(6) UEOE
A. BASIC IDENTIFICATION DATA	AND CO SOM
1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  NetSuite, Inc. (formerly NetLedger, Inc.)	87
Address of Executive Offices (Number and Street, City, State, Zip Code) 2955 Campus Drive, Suite 175, San Mateo, CA 94403	Telephone Number (Including Area Code) 650-627-1034
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  Same as above	Telephone Number (Including Area Code) same as above
Brief Description of Business Online Business Services	PROCESSED
Type of Business Organization  Corporation  Iimited partnership, already formed  business trust  limited partnership, to be formed  other	(please specify): THOMSON
Actual or Estimated Date of Incorporation or Organization:    Month   Year	Actual Estimated

#### **GENERAL INSTRUCTIONS**

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### \_ ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A	BASIC ID	ÉNTI.	FICATION DATA				
<ul> <li>Each beneficial own</li> <li>Each executive office</li> </ul>	e issuer, if the issuer ner having the power	has been to vote or porate i	ssuers and of corporat	e vote					securities of the issuer; nd
Check Box(es) that Apply:	Promoter		Beneficial Owner	$\boxtimes$	Executive Officer	$\boxtimes$	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Nelson, Zachary									
Business or Residence Addre	ess (Number and Str	eet, City	, State, Zip Code)						
2955 Campus Drive, Suite 1	175, San Mateo, Ca	4 94403							•
Check Box(es) that Apply:	Promoter	$\boxtimes$	Beneficial Owner		Executive Officer	$\boxtimes$	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Goldberg, Evan M.	·						····	···	****
Business or Residence Addre	ess (Number and St	eet, City	, State, Zip Code)						
10 Noel Road, Woodside, C	A 94062								
Check Box(es) that Apply:	Promoter	$\boxtimes$	Beneficial Owner	$\boxtimes$	Executive Officer	$\boxtimes$	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Lipscomb, David									·
Business or Residence Addre	ess (Number and St	eet, City	, State, Zip Code)						
1248 Heatherstone Way, St	innyvale, CA 9408	7							
Check Box(es) that Apply:	Promoter		Beneficial Owner	$\boxtimes$	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Judge, Sanjeev									
Business or Residence Address 650 Page Mill Road, Palo A		reet, City	, State, Zip Code)						
Check Box(es) that Apply:	Promoter		Beneficial Owner	$\boxtimes$	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
McGeever, Jim									
Business or Residence Addre	ess (Number and St	reet, City	, State, Zip Code)						
c/o NetLedger, Inc., 2955 C	Campus Drive, Suit	e 175, S	an Mateo, CA 9440	3-251	1				
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	$\boxtimes$	Director		General and/or Managing Partner
Full Name (Last name first,	if individual)								
Farrington, Deborah									
Business or Residence Addre	ess (Number and St	reet, City	, State, Zip Code)						
c/o StarVest Partners, L.P.	, 750 Lexington A	enue, N	ew York, NY 10022	2					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	$\boxtimes$	Director		General and/or Managing Partner
Full Name (Last name first,	if individual)								
Simon, Philip B.									
Business or Residence Addre	ess (Number and St	reet, City	, State, Zip Code)						
c/o TAKO Ventures, LLC,	101 Ygnacio Valle	y Road,	Suite 310, Walnut	Creel	k, CA 94593				
-	(Use bl	ank shee	t, or copy and use ad	dition	al copies of this shee	t, as n	ecessary)		

Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	$\boxtimes$	Director	General and/or Managing Partner
Full Name (Last name first, i	findiv	idual)							
Fink, Steven									 
Business or Residence Addre	ss (Nu	mber and Stree	t, City	, State, Zip Code)					
c/o Knowledge Universe, 33	51 El	Camino Real,	#200,	Atherton, CA 9402	7				
Check Box(es) that Apply:		Promoter	$\boxtimes$	Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i Ford, William F.	findiv	idual)							
Business or Residence Addre	ss (Nu	mber and Stree	et, City	, State, Zip Code)					
88 Guy Place, Apt. 205, San	Fran	cisco, CA 9410	05						
Check Box(es) that Apply:		Promoter	$\boxtimes$	Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i	findiv	ridual)							
TAKO Ventures, LLC									
Business or Residence Addre	ss (Nu	mber and Stree	et, City	, State, Zip Code)					
c/o Philip B. Simon, 101 Yg	nacio	Valley Road, S	Suite 3	10, Walnut Creek,	CA 94	1593			
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i	f indiv	ridual)							
Business or Residence Addre	ss (Ni	amber and Stree	et, City	, State, Zip Code)	•••••				 
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i	f indiv	ridual) .							
Business or Residence Addre	ss (Nı	ımber and Stree	et, City	, State, Zip Code)					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i	f indiv	vidual)							
Business or Residence Addre	ss (Ni	umber and Stree	et, City	, State, Zip Code)					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i	f indiv	vidual)				· · · · · · · · · · · · · · · · · · ·			
Business or Residence Addre	ess (N	umber and Stre	et, City	, State, Zip Code)					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i	findiv	vidual)							
Business or Residence Addre	ess (Ni	umber and Stre	et, City	, State, Zip Code)					
						·····		-	

				В.	INFOR	MATION A	ABOUT OF	FERING				
1. Has	he issuer sold,	or does the is	suer intend t	o sell to nor	n-accredited i	investors in t	his offering?				Yes	No ⊠
1. 1743	ine issuer solu,	or does the is	saci micha i					nder ULOE.		,,,,	<u></u>	23
2. Wha	t is the minimu	m investmen	t that will be	accepted fro	m any indivi	dual?					\$ <u>No</u>	minimum_
	Does the offering permit joint ownership of a single unit?								Yes	No		
	the offering pe the informatio										Ц	$\boxtimes$
remu	neration for sol	icitation of p	urchasers in o	connection w	rith sales of se	curities in th	e offering. I	f a person to b	e listed is ar	associated		
-	on or agent of a five (5) persons		•									
	r only.			. persons or		0. 404.0., )				er or or or		
Full Name	(Last name fire	st, if individu	nal)									
Business c	r Residence Ac	Idress (Numb	per and Street	t, City, State	, Zip Code)							
Name of A	associated Brok	ter or Dealer										
States in V	Vhich Person L	isted Has Sol	icited or Inte	nds to Solic	it Purchasers							
(Check	"All States" or	check indivi	duals States)							* 1	□ A	ll States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	· [SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name fir	et if individu	101)			<u>.</u>				*		
ruii ivaiiie	(Last hame in	si, ii muividi	141)									
Business o	or Residence Ac	dress (Numl	per and Stree	t, City, State	, Zip Code)							
Name of A	Associated Brok	cer or Dealer			_					<del></del>		
States in V	Vhich Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers			· · · · · · · · · · · · · · · · · · ·				Jones
(Check	"All States" or	check indivi	duals States)			•••••			•••••		□ A	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
				[ · · · · ·	[0.]		[ , , , ,	[	[]	[]	[ ** * ]	
Full Name	e (Last name fir	st, if individ	ual)									
Business	or Residence A	ddress (Num	ber and Stree	t, City, State	, Zip Code)							
Name of A	Associated Brok	ker or Dealer		<del></del>								
States in V	Which Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers					***************************************	<u></u>	
(Check	"All States" or	check indivi	duals States)			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					□ A	ll States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
_			(Use 1	blank sheet,	or copy and u	ise additiona	l copies of th	nis sheet, as n	ecessary)			

1444 85 7	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS		
•	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	<b>A</b>		
	Type of Security	Aggregate Offering Price		nt Already Sold
	Debt		\$	
	Equity Common \ \ Preferred	\$ 20,090,400.00	\$ <u>19,</u>	948,988.98
	Convertible Securities (including warrants)	2	\$	0
	Partnership Interests		v	0
	Other (Specify)		\$ \$	
	Total			
	Answer also in Appendix, Column 3, if filing under ULOE.	\$ <u>20,090,400.00</u>	\$ <u>19,</u>	948,988.98
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors	Dolla	gregate r Amount Purchase
	Accredited investors	5	\$ <u>19,9</u>	948,988.98
	Non-accredited Investors	0	\$	0
	Total (for filings under Rule 504 only)	0	\$	0
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
	Type of Offering	Type of Security		r Amount Sold
	Rule 505		\$	0
	Regulation A		\$	0
	Rule 504		s	0
	Total		\$	0
<b>1</b> .	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$	0
	Printing and Engraving Costs		\$	0
	Legal Fees	$\boxtimes$	\$	10,000.00
	Accounting Fees		\$	0
	Engineering Fees		\$	0
	Sales Commissions (specify finders' fees separately)		\$	. 0
	Other Expenses (identify)		\$	0
	Total		\$	10,000.00

	C. OFFERI	ING PRICE, NUMBER OF INVESTORS, EXPENSI	ES AND USE	OF PROCEED	)S
	total expenses furnished in response to I	gregate offering price given in response to Part C - Quest Part C - Question 4.a. This difference is the "adjusted gr	gross		\$ <u>20,080,400.00</u>
5.	the purposes shown. If the amount for an	ed gross proceeds to the issuer used or proposed to be used iny purpose is not known, furnish an estimate and check the yments listed must equal the adjusted gross proceeds to the l.b above.	he box to the		
				Payments to icers, Directors Affiliates	s & Payments To Others
	Salaries and fees			\$0	\$0
	Purchase of real estate			\$0	\$0
	Purchase, rental or leasing and installat	tion of machinery and equipment		\$0	\$0
	Construction or leasing of plant buildin	ngs and facilities		\$0_	\$0
	Acquisition of other businesses (includ	ling the value of securities involved in this offering that r	may be		<b>—</b> .
		rities of another issuer pursuant to a merger)			
	Repayment of indebtedness	· · · · · · · · · · · · · · · · · · ·		\$0	\$0
	Working capital		\$0	\$20,080,400.00	
	Other (specify):			\$0	\$ <u></u>
	Column Totals			\$0	<b>∑</b> \$ <u>20,080,400.00</u>
	Total Payments Listed (column to	otals added)		⊠ \$ <u>2</u>	20,080,400.00
		D. FEDERAL SIGNATURE			
und		ned by the undersigned duly authorized person. If this notice ecurities and Exchange Commission, upon written request of Rule 502.			
Issi	uer (Print or Type)	Signature	Date		
	tSuite, Inc.	La L	January	, 27, 2004	
	me of Signer (Print or Type)	Title of Signer (Print or Type)			
Zac	chary Nelson	President, Chief Executive Officer			
		•			
			•		
				•	
		• •			
		1			
		ATTENTION			
	Intentional Misstatemer	ents or Omissions of Fact Constitute Federal Criminal	l Violations. (	See 18. U.S.C.	1001.)